

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91473 002 ***150.00

DOCUMENT # P98000087816

1. Entity Name

CONLURB CORPORATION



Principal Place of Business

**5900 S TAMiami TRAIL
UNIT G
SARASOTA FL 34231
US**

Mailing Address

**5900 S TAMiami TRAIL
UNIT G
SARASOTA FL 34231
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0871575**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DE LIMA, LUIZ P
2507 PROCTOR RD.
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **DE LIMA, LUIZ P.**

Street Address (P.O. Box Number is Not Acceptable)

516 BAILEY ROAD

City **SARASOTA**

FL

Zip Code **34237**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LUIZ P. DE LIMA, PRESIDENT

4/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	DE LIMA, LUIZ P.
STREET ADDRESS	2507 PROCTOR RD.
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	VD <input type="checkbox"/> Delete
NAME	DE LIMA, NILCE D
STREET ADDRESS	2507 PROCTOR RD.
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, LUIZ P.
STREET ADDRESS	516 BAILEY ROAD
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LIMA, NILCE D.
STREET ADDRESS	516 BAILEY ROAD
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LUIZ P. DE LIMA

4/23/03 (941) 929-9776

CR2E034 (10/02)